

EXHIBIT I

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JAMES JIRAK AND ROBERT)

PEDERSEN)

Plaintiff,)

v.)

CIVIL ACTION FILE:

) 07 C 3626

ABBOTT LABORATORIES, INC.)

Defendant.)

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COPY

Videotaped deposition of TOMAS J. CHAO,
taken on behalf of the Defendant, pursuant to
the stipulations agreed to herein, before
Arne' Davis, CCR, at JONES DAY, 1420 Peachtree
Street, NE, Atlanta, Georgia, on the 26th day
of September 2009, commencing at 10:00
AM.

Reported by: Arne' Davis, CCR

Global Deposition Services
(212) 867-7766

1 role playing?

2 A I understood there was a goal, but we all
3 realized that it was not effective.

4 Q What did you understand that goal to be?

5 A That goal to be was the enhanced
6 communication.

7 Q So you said call training was different
8 than role playing; is that right?

9 A Yes.

10 Q How so?

11 A Call training would tell us how to
12 prepare, pre-call, post-call plan, which I had never
13 been exposed to before.

14 Q So during call training, is it fair to
15 say that you learned a method for taking post-call
16 notes?

17 A Yes.

18 Q And you learned a method for taking
19 pre-call notes?

20 A Yes.

21 Q But you didn't receive anything from
22 Abbott that specifically said what you had to
23 include --

24 A Oh, absolutely, you did.

25 Q What did you receive from Abbott that

1 told you what to include in pre- or post-call --

2 A We received education from the trainers
3 that we had to actually practice. We were told what
4 to say during the call, the actual content, and we
5 were given exact verbatim closing statements that we
6 were to use.

7 Q When you say given verbatim closing
8 statements, what's a closing statement?

9 A The statement that seeks to gain the
10 buy-in with the prescriber, whether it be a
11 physician or PA.

12 Q So it's the line where you ask for
13 business at the end?

14 A Yes.

15 Q Do you receive a script from Abbott
16 regarding the closing statement?

17 A All the time.

18 Q When you say, all the time, were they
19 changing closing statements?

20 A We received multiple closing statements.
21 Continuously, over my entire time with Abbott, there
22 was continuous training on closing statements.

23 Q When you say that you received multiple
24 closing statements, was there one closing statements
25 at a time or did you receive multiple statements at

1 A That was spent on bringing the speakers
2 in for programs. I believe they were all CME
3 programs, but I can't recall at this points if they
4 were non-CME or CME.

5 Q Did you have any input regarding the
6 presentations that the money was used towards?

7 A Absolutely not.

8 Q Could you suggest topics for future
9 presentations?

10 A No, the speakers had their own slide
11 decks. That was provided by Abbott, and they had to
12 follow that slide deck.

13 Q Were you ever in charge of organizing one
14 of the speaker events?

15 A Yes.

16 Q How many have you been in charge of
17 organizing?

18 A Two.

19 Q How was it determined who would be the
20 speaker at the event?

21 A My district manager actually told me.

22 Q And he told you who the speaker would be
23 at both events?

24 A Yes, he told me which speaker was going
25 to be there.

1 A I believe Focus was the name of the --
2 There was a company assigned, which is a different,
3 different than the company now. But there was a
4 company at that points that would determine what --
5 They were pre-assigned.

6 In fact, we would argue that we didn't
7 feel those topic names were appropriate but again,
8 it didn't matter, our opinion.

9 Q So some third-party company would decide
10 upon the topic name for the program?

11 A Yes.

12 Q Who would determine what was actually
13 discussed in fact in the program?

14 A Abbott. They had predetermined slide
15 decks.

16 Q So when you were talking about it being a
17 roundtable discussion, would the speaker engagement
18 veer off in other topical directions?

19 A Yes.

20 Q So it's fair to say they didn't always
21 stick to the information in the slide decks?

22 A Yes.

23 Q How did you determine which doctors you
24 would visit with?

25 A We were basically given a list that was

1 pre-assigned.

2 Q Do you recall whether you received this
3 list at the beginning of every year, every semester?

4 A I can't recall.

5 Q Do you recall how many doctors were on
6 this list?

7 A 30-plus.

8 Q What type of information was provided in
9 this list?

10 A The names of the doctors and what their
11 activities were in regards to the treatment of
12 psoriasis or in the case of rheumatologists,
13 rheumatoid arthritis.

14 Q When you say their activity, does that
15 mean what types of patients they were treating?

16 A Yes.

17 Q Did this list tell you how frequently you
18 had to meet with doctors?

19 A The list ranked the doctors and then we
20 were told that we were -- I cannot recall exactly,
21 but we were told we have to see these doctors a
22 certain amount.

23 Q When you say you were told you had to see
24 these doctors a certain amount, who told you this?

25 A It came up from the top of Abbott down to

1 our regional manager down to our district manager
2 and down to us.

3 Q So would the district manager tell you:
4 You have to see Dr. X, three times?

5 A Yes, or if I was not seeing the doctor he
6 would tell me you need to see this doctor more.

7 Q Did the list tell you which doctor to see
8 on which particular day?

9 A No.

10 Q Did the list tell you what order to see
11 the doctors in?

12 A No.

13 Q Could you subtract doctors from the list?

14 A No.

15 Q Were you told you could not subtract
16 doctors from the list?

17 A Yes.

18 Q Who told you that?

19 A My district manager.

20 Q Any other reasons that you thought you
21 could not subtract doctors from the list?

22 A No, that was the only reason.

23 Q Could you add doctors to the list?

24 A Yes, but usually that was -- I was told
25 which ones by my district manager.

1 routing schedule that you had to follow?

2 A Well, I think he directed my partner to
3 tell me to do that. He directed my partner --
4 excuse me -- to give me that list so that I wouldn't
5 have to -- so that I would be more efficient from
6 the beginning in seeing doctors.

7 Q How do you know the district manager
8 directed your partner?

9 A I can vaguely recall a conversation that
10 we had at our first district meeting, him saying to
11 her to please make sure I get that before the end of
12 the meeting.

13 Q Was it your understanding that you could
14 provide the routing schedule in the way that made
15 sense to you?

16 A Yes.

17 Q So it was in your discretion if you
18 wanted to see extra doctors you could go see extra
19 doctors, is that fair?

20 A Yes.

21 Q Or if you wanted the see fewer, you could
22 see fewer?

23 A Yes. But that was monitored greatly. If
24 I was seeing too little, I would be reprimanded.

25 MS. LEITENBERGER: Can we go off the

1 thought: Were you told that was part of your
2 responsibilities?

3 A Yes.

4 Q Do you believe you helped increase Abbott
5 products while you were at Abbott?

6 A I don't know.

7 Q Why don't you know?

8 A Because I don't feel that they were able
9 to really tell me clearly if I was or if I wasn't.

10 Q Did you ever gain a verbal commitment
11 from a doctor to write more Abbott products?

12 A Yes.

13 Q How often did that occur?

14 A Maybe twice a week.

15 Q Did they make a commitment at the end of
16 your sales calls, typically?

17 A Yes.

18 Q On the next line down: Analyze market
19 dynamics. Do you see that?

20 A Yes.

21 Q Do you agree that it was part of your job
22 duties to analyze market dynamics in your territory?

23 A I believe it was a duty, yes.

24 Q So you were expected to analyze market
25 dynamics; is that fair?

1 and I was getting paid on it. There was no A to B
2 selling, there was no contract; it was an inference.
3 When I would close doctors, they would tell me:
4 Okay, I'll write. I wouldn't know either way if
5 they were. I would look at numbers, and the doctor
6 would tell me he's been writing, writing, writing,
7 writing, and the numbers are still going down. How
8 can that be true? There is a lot of inaccuracies in
9 how that was determined.

10 Q So your problem is the actual data used
11 to calculate your bonus, you felt, was inaccurate?

12 A It was inaccurate or nonspecific,
13 non-detailed bordering on -- the easiest way to do
14 it was basically making it confusing so we could not
15 determine how it was really being calculated. By
16 the way, those calculations would change frequently,
17 how they would do anything for each trimester, it
18 would change, so it was a guessing game.

19 I had come from a position where I felt
20 in control; I knew what I was going to get paid,
21 everything was in a detailed spreadsheet to mass
22 hysteria and confusion, not knowing if I was even
23 going to accomplishing anything when I was going to
24 work on a daily basis. That's what led to my
25 frustration and ultimately my leaving.